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Isle of Man Education Authority

ANNUAL REPORT

of the

Principal

School Medical Officer

1962

S. V. CULLEN, M.B., Ch.B., D.C.H.

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SCHOOL HEALTH REPORT

TO THE CHAIRMAN AND MEMBERS OF THE ISLE OF MAN
EDUCATION AUTHORITY

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to submit my report on the work of the School Health Service during the year ended 31st December, 1962.

Changes occurred in both the medical and dental departments. On the medical side, the part-time Speech Therapist, Mrs. Tolfree, resigned in June as she was leaving the Island to live in London. She was succeeded by Mrs. Kenyon, newly resident in Douglas, who commenced duty in October on a part-time sessional basis. The most important of the changes in the Dental Staff referred to in the Principal School Dental Officer's report was the appointment of Mr. T. R. Hoggins as a full-time Dental Officer.

For a School Health Service to function successfully, the co-operation of many people is essential and I am particularly grateful to the Director of Education, Mr. H. C. Wilkinson, and his staff for their willing help throughout the year, to the Head Teachers and their staffs for their assistance, and to the Medical Practitioners and hospital staffs for their ready co-operation.

I should also like to express my appreciation of the work of my own staff and, especially, to thank my colleague, Dr. K. M. Vernon, for her help and co-operation.

Finally, I am most grateful to you for your support and encouragement and to the Chairman and Members of the Medical Committee for their consideration over the past year.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

S. V. CULLEN,
Principal School Medical Officer.

Isle of Man Education Authority

SCHOOL HEALTH SERVICE

Report for the Year 1962

STAFF

FULL TIME.

Principal School Medical Officer :	S. V. Cullen, M.B., Ch.B., D.C.H.
School Nurses :	Miss E. H. Quirk, S.R.N., S.C.M., R.M.P.A., H.V. Mrs. H. Parry, S.R.N. Mrs. H. Regan, S.R.N., R.F.N., S.C.M., H.V. Mrs. C. M. Palmer, S.R.N.
Principal School Dental Officer :	Kathleen E. Smith, B.D.S. Hons., L.D.S.
School Dental Officers :	H. D. Jones, L.D.S. T. R. Hoggins, L.D.S. (From 1/10/62).
Dental Attendants :	Miss D. M. Crellin. Mrs. I. E. Pendlebury. Miss H. M. Costain.
Clerks to the Medical Department :	Miss V. Devereau. Mrs. L. Bridson. Miss K. M. Fozard.

PART TIME.

School Medical Officer :	Kathleen M. Vernon, B.Sc., M.B., Ch.B.
School Dental Officers :	J. C. Curphey, L.D.S., R.C.S. (Eng). C. D. Roe, L.D.S., R.C.S. (Irel.). R. D. Tinker, L.D.S. H. C. Magee, L.D.S. (Resigned 30/4/62). G. H. Fox, L.D.S. (U.Liv.), L.D.S., R.C.S. (Resigned 30/4/62).
Dental Attendant :	Mrs. P. M. Quirk.
Speech Therapist :	Mrs. O. A. S. Tolfree, F.L.C.M. (Speech). (Resigned 14/6/62). Mrs. V. M. Kenyon, L.C.S.T. (From 30/10/62).

CONSULTANTS.

Aural Surgeon :	W. M. Owen, F.R.C.S., D.L.O.
Ophthalmic Surgeon :	Dorothy Barton, M.B., Ch.B., D.O.M.S.
Orthopædic Surgeon :	H. G. Almond, M.Ch. (Orth.), F.R.C.S.
Radiologist :	B. B. Harrison, M.B., Ch.B., M.Rad., D.M.R.D.
PHYSIOTHERAPIST :	Miss R. A. Pycraft, M.C.S.P.

PRELIMINARY

The publication of this report gives an opportunity to stress that the goal of the School Health Service is to enable children to take full advantage of the educational facilities provided by the Authority. This target is achieved by regular medical inspections of all school children at frequent intervals in their school life. Some of the defects from which children suffer are congenital or hereditary and prompt and early treatment may prevent or alleviate consequent physical deformity or serious disability. Children under school age may attend the Specialists' Clinics from birth ; they may also, if they are handicapped, become subject to the Education Act from the age of two years. A study of the statistics indicates that an increasing number of pre-school children are being seen and this is particularly noticeable in the case of the Consultant Services with children who have orthopædic or eye defects and who are often seen, and have treatment, from a very early age.

However, this supervision which has been maintained in some cases from birth ; ceases when the child leaves school. This may not matter if the adolescent is normal and healthy but when there is a physical or mental handicap, the question of specialized training or an extending of the education framework in order to prepare them for suitable types of employment is of major importance. Several societies, all run by voluntary effort and dependent upon public subscription, give excellent assistance and help to their own particular members but there is no central official body which makes itself entirely responsible for these children. The normal child leaving school and seeking employment in the Island is often doubtful whether it is the Employment Officer or the Industrial Officer to whom he must apply. Some end up by going to neither and enter blind alley occupations for which they are temperamentally unsuited and in which there is no future. For the handicapped child the difficulties are multiplied. Some with severe physical handicaps attend school on the Mainland : there is not a wide variety of employment on the Island and they should, therefore, have specialized training of a sort to fit them for a particular and available kind of employment.

Children with mental handicaps present an even greater problem. Such handicaps are often associated with physical disabilities and so the problem of training is made even more complex and it should be directed, in all instances, to the aim of the future employment of these children within the community. A Training Centre at present exists which caters for children who are unsuitable for education in school but full use is not yet made of it by the parents of mentally sub-normal children. What is required is a 'Senior' Training Centre for the older adolescents of low mental calibre who could be trained there to undertake 'sheltered' employment or even ordinary employment, and since the Education Authority is already responsible for the vocational training of normal and physically-handicapped children up to school leaving age and also, through its Children's Committee, maintains responsibility for and exercises supervision over the neglected and deprived child, then ; possibly, the mentally handicapped child should also become their responsibility. But if this were done, this responsibility should be continued until the child reaches the age of 21 years. To help the physically or mentally handicapped to

select a suitable occupation is a matter which requires specialized and individual help and a case conference between the teacher, doctor, and Youth Employment Officer would go a long way towards solving many of the problems which face the handicapped school leaver seeking to enter employment.

The Principal School Dental Officer has once again drawn attention in her report to the value of fluoridation of public water supplies in the reduction of dental disease. Whilst the absorption of fluoride does not eliminate dental decay entirely, there is no doubt that it appreciably lessens the incidence of it. The addition of fluoride can be carried out in several ways during the formative period of the teeth but the cheapest method and the easiest to control is by the inclusion of fluorides in the water supply. Moreover, it has been tried already in many areas in different parts of the world, and been found to be successful.

Problem families and neglected children are found in all parts of the world and the Isle of Man is not exempt. Although they are a very small minority of the total population, they present the staff with some difficult tasks ; and case conferences between members of the Children's Committee, officials, and various interested bodies have done much to improve the conditions under which the children of these families live.

Although there are still problems to be faced, the maintaining of the high level of health enjoyed by the children of the Island is largely due to the improvement in the education, health, and welfare services over the past years.

SCHOOL ACCOMMODATION AND HYGIENE

I am indebted to the Works Inspector for the following report:—

“During the year 1962 the following schools and buildings were painted externally—Bride, Onchan, Braddan School and School House and St. Mark's School (Outside).

Ballakermeen School (Boys' and Girls' departments), Rushen Primary School, Peel School, Tynwald Street and Hanover Street Schools were partially or wholly decorated internally.

Oil burner installations were carried out at St. Mary's R.C. School, Sulby School, St. Thomas' C.E. School and Victoria Road School, Castle-town.

Extensive modernisation and improvements to the Biology Laboratory at Ramsey Grammar School were completed.

Castle Rushen School was completed and officially opened during this year.

A certain amount of renewal and modernisation of furniture and equipment was carried out in the following schools—High School for Boys, Ramsey Grammar School, Hanover Street School, Rushen Primary School, Albert Road Junior School, Albert Road Infants' School, Murray's Road Infants' School, Dhoon School, Demesne Road School, and St. Mary's School.

The following playgrounds were repaired wholly or partially—Ballakermeen, Ballasalla, Ramsey Grammar School, Pulrose, and Demesne Road School.

Modernisation of the electric lighting in the Art Room of the High School for Girls was carried out.

Extensive structural alterations and re-equipping of the engineering workshops at the College of Further Education were completed."

MEDICAL INSPECTION

The Education Act states that the Education Authority must make provision for the medical inspection of all pupils attending any school maintained by the Authority and these inspections are carried out when the child first enters school, at the ages of eight and twelve, and during the last year at school. Examinations may also be arranged at other times during the child's school career if that is thought necessary or desirable.

In addition, children may be seen in school as re-inspections or special cases. Re-inspection is arranged for a child who at a previous examination had some defect requiring treatment or observation. Special cases are those brought to the notice of the Medical Officers by parents, teachers or School Nurses.

The total number of periodic examinations was slightly less than the previous year's total. Special inspections totalled 457 and the number of re-inspections was 4,389. Parents are asked to attend the periodic examinations and 1,401 attended, a percentage of 58.57. The total number of all children found to require treatment was 338 or 14.13%.

Dr. K. M. Vernon who conducts the examination of the girls in the High Schools has reported as follows:—

"The health of these adolescent girls is good, the chief defects being those of vision—myopia frequently develops in this age group—and orthopædic abnormalities, especially of the feet .

Shoe fashion at present dictates pointed toes and much footwear worn in school is most unsuitable and in some cases definitely harmful. On the other hand, it is also the fashion to wear warm, dark nylon stockings during the winter and in spite of the extremely cold weather, fewer circulatory defects have been seen."

PHYSICAL CONDITION

Out of a total of 2,392 children examined in the periodic age groups, only two (.08%) were classified as of 'unsatisfactory' physical condition. The average heights and weights of the children examined were as follows:—

Year	Number examined		Height in inches		Weight in pounds	
	Boys	Girls	Boys	Girls	Boys	Girls
1957	232	236	42.907	42.445	43.644	42.053
1956	47	56	43.745	43.482	45	43.571
1954	260	221	49.875	49.380	59.425	58.382
1953	47	33	50.638	50.818	63.096	66.606
1950	288	275	57.205	58.022	84.512	90.46
1949	20	13	57.65	58.885	88.15	94.077
1947	284	300	65.419	63.085	120.319	120.312

It is unusual nowadays to find a child who is undernourished and there would appear to be an increase in the number of children who are fat and overweight. In the majority of these cases, there is no doubt but that the obesity is caused by excessive intake of starchy foods.

MINOR AILMENTS

Because of staff shortages due to sickness, fewer Minor Ailments Clinics were held. 5,192 children were treated and the total number of attendances made was 9,180—a decrease of just over 1,500.

Daily clinics were held at Murray's Road central clinic and when possible at Balakermeen School, and the out-of-town clinics were visited fairly frequently but at more irregular intervals.

Minor skin conditions were again to the fore among the 'specified' complaints dealt with, followed by minor disorders of the eye.

UNCLEANLINESS

The School Nurses carried out 31,936 examinations of children for cleanliness. 6,901 individual children were examined and of these; 107 or 1.55% had some degree of infestation. Parents of children with infected heads are advised on treatment and special head shampoo continues to be available for use by the whole family if necessary. 91 home visits were made last year and the unremitting supervision of the School Nurses together with the co-operation of the parents must remain constant if the percentage of infestation is to be reduced still further.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

I am grateful to Mrs. Dorothy Barton, Consultant Ophthalmologist, for the following report on the work of the children's Ophthalmic Clinics:—

"This has been a very successful year for the Eye Clinics—the parents have been most co-operative and appreciative, attendance being almost 100%.

Examinations during the year numbered 572, compared with 582 last year, and 195 pairs of glasses were ordered for school children.

Many cases of squint responded to conservative treatment, but 27 were listed for operation, and 11 operations were carried out at St. Paul's.

In addition to squints, surgical cases referred to St. Paul's included one bilateral buphthalmos who had both eyes trephined, one little boy whose eyelids were severely lacerated by a dog bite and one bilateral ptosis. All these children have done well.

Three cases were referred to St. Paul's for medical treatment, one with pan-uveitis and two with interstitial keratitis, one of whom was treated with beta rays.

One buphthalmic child is listed for light coagulation treatment at Manchester, which it is hoped will give him a new central pupil without surgery.

One boy with keratoconus has been given normal vision with the aid of contact lenses."

In addition to the eye examinations conducted by Dr. Barton, 290 children attending school were refracted by the Principal School Medical Officer at clinics in Douglas and Ramsey and 123 pairs of glasses were ordered.

Eye conditions of a minor nature treated by the School Nurses at the Minor Ailments Clinics during the year amounted to 372.

Of the 422 individual children seen by Mrs. Barton, 69 were children under school age most of whom were suffering from squints. It is satisfactory that so many children are being referred for treatment before they start school and that very few new cases of defective vision are discovered at the initial examination at the age of five.

The staff at St. Paul's Eye Hospital, Liverpool, continue their most willing co-operation so that the waiting time for admission there is reduced to the minimum.

EAR, NOSE AND THROAT DEFECTS

The Consultant Ear, Nose and Throat Surgeon, Mr. W. Mervyn Owen, held 13 consultation sessions at the School Clinic and nine operation sessions at Noble's Hospital. 116 school children and 20 pre-school children were examined and the total number of examinations made was 231.

Mr. Owen performed 48 operations at Noble's Hospital, four of which were on children of pre-school age:—

36 removal of tonsils and/or adenoids

12 other operations on the ear, nose or throat.

In addition, one child was admitted to Clatterbridge Hospital for treatment under the care of Mr. Owen.

Seven children were referred for specialized hearing tests by the Audiometrician at Noble's Hospital and five children were supplied with hearing aids. 58 children were referred by Mr. Owen for operation, mostly for the removal of tonsils and adenoids.

177 aural and 51 nasal conditions of a minor nature were treated by the School Nurses at the Minor Ailments Clinics.

I am grateful to Mr. Owen for the following report:—

“When asked to comment on the work of the past year in the Ear, Nose and Throat Consultative Clinic, and after perusal of my reports for previous years, I could not help reflecting on how the problem of the tonsils and adenoids recurs with unfailing and almost boring regularity. The inevitable conclusion must be that it is the major E.N.T. problem in children. During recent weeks this problem has been discussed at length in the correspondence columns of the Medical Journals. The opinions expressed have varied considerably and those against operation in any circumstances being, as usual, the more vociferous.

A Schools Medical Officer in Essex quotes figures for England and Wales showing that the incidence of tonsillectomy in school children has declined over recent years. Concurrently, he points out, there has been an increase in the number of cases of tonsillitis. This, he suggests, is an unfortunate situation.

That the majority of children submitted to operation benefit considerably is, in my opinion, without doubt. The answer lies, I feel, in careful selection of cases; and in this, close co-operation with the School Medical Officer and the family doctor is of the utmost importance. At this clinic we have this co-operation to a high degree.”

TUBERCULOSIS AND CHEST CONDITIONS

Reports on 67 school children and seven pre-school children were received from the Chest Clinic and the co-operation of the Tuberculosis Officers and their staff in sending reports on the children examined by them is very much appreciated.

One child under school age was notified as a case of primary tuberculosis and one school child was under observation at the Chest Clinic because of suspected pulmonary tuberculosis.

55 candidates for admission to Teachers Training Colleges were X-rayed and found to be free from disease of the lungs.

50 children were vaccinated with B.C.G. vaccine against tuberculosis after having been given a preliminary tuberculin skin test. The importance of this means of raising the degree of immunity in adolescents to tuberculosis cannot be over-estimated.

In addition to respiratory disease, children suffering from heart defects are also examined and supervised at the Chest Clinic and certain of these cases, where surgery is indicated, are referred to Liverpool hospitals. Rheumatic heart disease in children is now, fortunately, rare ; but children with congenital heart defects are still found at routine medical inspections. With advances in the field of heart surgery in recent years, many of these cases are improved by operation, but only after extensive investigations and an exact diagnosis of the condition has been found is a decision to operate considered. Children with this type of heart condition need constant supervision by the Chest Clinic and in school where a watch is kept on their physical activity so that it can be restricted if required.

SCHOOL DENTAL SERVICE

I am obliged to Mrs. K. E. Smith, Principal School Dental Officer, for the following report on the work of the School Dental Service:—

“ There were staff changes in 1962 ; Mr. Fox and Mr. Magee both resigned from their part-time appointments at Castletown Dental Clinic at the end of April and this necessitated the devoting of several sessions each week to treatment at Castletown by the two full-time Douglas dental officers. However, on 1st October Mr. Hoggins was appointed as full-time dental officer at Castletown and this brought the strength of the staff up to three part-time dental officers (giving seven sessions per week between them) and three full-time officers.

6,696 children were inspected at their schools. Of these, 1,292 were inspected twice which made a total of 7,988 inspections carried out and to which 61 sessions were devoted. 4,575 of the children inspected were found to require dental treatment and 3,291 children accepted school treatment. During the year, 3,077 children attended the school clinics making 11,759 attendances, an average of roughly four visits per patient. Slightly fewer children were found to require treatment than in 1961. The difference of 844 between those who accepted treatment and those who attended the clinics for treatment is accounted for by the children who were dentally fit and those who were sent appointments and failed to attend.

‘ 1,059 special cases ’ represents casual attendances with toothache or through accidents—this figure is lower than that of the previous year. Of these special cases, 156 were pre-school children, a similar total to that of 1961.

The number of sessions available for routine treatment was 1,878. Fewer permanent teeth (1,103) were extracted, a good proportion of them to relieve overcrowding. There were also fewer deciduous teeth extracted, the total being 3,433. 4,917 permanent teeth and 273 temporary teeth were filled, both figures being much the same as those of 1961. 853 general

anæsthetics were administered. '10,829 other operations' represents a host of other treatments carried out in the course of a year such as dressings, scalings, X-rays, local anæsthetics administered, root treatments, etc. Orthodontic appliances for the correction of irregular teeth, fitted during the year, totalled 77. 118 orthodontic patients were treated; 56 of them continuing treatment from 1961. 52 patients had their course of treatment completed, ten patients discontinued treatment due to their lack of co-operation and interest. The number of attendances made by these 118 patients totalled 1,262.

As the Minister Health has given his consent to the fluoridation of water supplies in Great Britain, it is opportune to repeat at this time what was put forward in the 1955 School Dental Service Annual Report.

The water of the Isle of Man has no known content of natural fluorine and medical and dental bodies all over the world agree that the addition of a trace; or one part per million parts of water, of sodium fluoride to drinking water which lacks it can reduce the dental decay in children by up to 50%. This was discovered in areas where the trace of fluorine occurs naturally, e.g. in South Shields. In America and Canada, fluoridation of water has been in operation in some areas for 17 years, where significant reduction of decay occurred, but no ill effects of either a medical or dental nature have been found. Fluoridation is now being tried out in one or more areas of at least 17 other countries as well as the United Kingdom.

Fluoride is not a drug, nor does fluoridation consist of medication for the mass; the element fluorine is found to be almost everywhere in the earth's crust and small amounts occur in most natural water. Experts are satisfied that sodium fluoride when added to natural drinking water functions in the same manner as natural fluorine present in drinking water. In other words, the artificial fluoridation of water supplies merely initiates what nature has been doing for a long time. Fluoridation simply consists of the adjustment of the level of fluoride in water to one part per million parts of water, at which level, it has been demonstrated conclusively from studies in North America and Great Britain, the extent of dental decay in children is considerably reduced.

ORTHOPÆDICS

Mr. H. G. Almond, the Consultant Orthopædic Surgeon, made ten visits to the Authority's School Clinics and examined 297 children of whom 61 were under school age. The total number of examinations made was 530. Four domiciliary visits were paid to a patient who was unable to attend the ordinary clinics.

17 operations were performed at Noble's Hospital, three being on children of pre-school age. The majority of these operations were for the correction of deformities of the feet or toes. In addition three boys were admitted to hospital in Liverpool for operation and two children to Noble's Hospital for treatment not involving operation.

Miss R. A. Pycraft, the physiotherapist at the After-Care Clinics, treated 149 individual children and 2,300 treatments were given. In addition, three children had 55 treatments at Noble's Hospital. Mr. Almond in his report states: "The continued supervision of the orthopædic conditions of the children of the Island has been very smooth, and the attendance of the children and their parents has been quite remarkable."

PHYSICAL EDUCATION

I am indebted to the Organiser of Physical Education for the following report:—

"The Physical Education programme in our schools continues to have its place on the Time Table commencing in the Infant Departments and through the Junior Departments of our Primary Schools to the Secondary Schools.

The training given our children in the Primary Schools is given by non-specialist teachers and its importance cannot be over-estimated, for at this early age the children are naturally mobile, have a lively imagination, natural agility, and inventive powers, and with the increasing provision of Portable Apparatus more and more opportunity is being provided for our children to develop their natural agility and to perform all kinds of feats thus preparing themselves for the work in the Gymnasium, Playing Fields, Swimming Baths in the Secondary Schools.

The Portable Apparatus provided is well used and well cared for and certainly plays its part in the natural growth and development of each child, giving them an opportunity to work out ideas, perform skills and obtain a considerable amount of enjoyment. We look forward to still further development in this type of training.

Playing Fields need constant care and are kept in good order by our Grounds Staff, also Noble's Park and King George V Park Playing Fields are used by our Primary and Secondary Schools.

Thanks are expressed to our Head Teachers and their Staffs, the School Meals Department for their co-operation and help on all occasions, the Grounds Staff, Caretakers and Office Staff who are frequently called upon for advice and service."

MILK AND SCHOOL MEALS

I am obliged to the Organiser of School Meals for the following report:—

"The School dinner should not merely satisfy the child's appetite, but should help to refresh and build up the growing body. In providing a well-cooked and well-served balanced meal, it is hoped that this will lead to the formation of better feeding habits in the children as they grow up. The meals are varied and adequate and the introduction of fresh fruit in the diet has proved very successful with the children.

The new kitchen at Castle Rushen High School opened in September 1962, provides meals for 350 children. A stainless steel sink unit has been installed at the Girls High School, Park Road, and similar improvements are proposed for other centres next year.

The following is a list of School Meals Centres, and shows the number of meals served on 1st October, 1962:—

High School for Boys, St. Ninian's Section, serving:—	
Braddan, Onchan, Kewagie, and the College of Further Education	346
High School for Girls, Park Road Section	187
Ballakermeen Section	273
Laxey School (serving Dhoon)	120
Peel Clothworkers' School serving:—	
Patrick, Foxdale, St. John's, Marown	220
Ramsey Grammar School, Senior Department	175
Ramsey Grammar School, Junior Department	155
Albert Road School serving:—	
Albert Road, St. Maughold's, Bride, Andreas, Ballaugh, St. Jude's, Dhoor, Sulby and Kirk Michael	312
Victoria Road School, serving:—	
Santon and Ballasalla	122
Castle Rushen High School	370
Rushen Primary School serving:— Arbory School ...	156
	<hr/> 2,436 "

Milk

Approximately 1,920 third-of-a-pint bottles of T.T. or Pasteurized milk were delivered daily to schools in all parts of the Island and about 660 of these were supplied to children free of charge.

INFECTIOUS DISEASES

The following infectious diseases were notified by the schools:—

Measles	313
Whooping Cough	77
Chickenpox	189
Mumps	53
German Measles	89
Scarlet Fever	2

There were increases in the number of cases of chickenpox and whooping cough notified and a marked reduction in the incidence of mumps. A few sporadic cases of infective jaundice in different parts of the Island were notified.

Once again, there were no cases of diphtheria but it is again emphasized that children who have not been or who are incompletely immunized against this disease are vulnerable if they should be exposed to infection.

SPECIAL MEDICAL EXAMINATIONS

101 children who were examined for their fitness to engage in part-time employment whilst still at school were found to be fit and Employment Certificates were issued. Whether this examination is necessary has been questioned as very few children are refused a certificate on account of poor health, but the Employment Bye-laws were not made to harass the prospective employer but were designed for the protection of the child whose permitted hours of work are limited. Last year one school child (whose employers had not complied with the regulations) was later examined in school and admitted having worked full-time daily during the season at one job, and every evening until quite a late hour in another place of employment. Some part-time work during the school holidays is often good for children and helps to keep them 'out of mischief', but to use school children as a source of cheap labour is iniquitous and action should be taken to deal with the offending employers.

64 candidates for admission to Teachers Training Colleges were found on examination to be fit.

14 children, six of whom were under school age, were examined prior to dental treatment under general anæsthesia and 110 examinations of 44 children boarded out by the Education Authority were also made.

29 special inspections and 60 re-inspections were carried out on pre-school children with various conditions.

Other examinations included two for admission to superannuation schemes, one for suitability for admission to a special school, and one at the request of the Magistrates.

HANDICAPPED PUPILS

Blind Children

One boy continued making good progress at a School for the Blind in Liverpool.

Partially Sighted Children

The name of one boy was added to the waiting list of a special school in the Liverpool area and provisional approval was given to the admission of his sister to the same school. The parents of another girl proved unwilling to let her attend a special school and, following this decision, also failed to keep an appointment which had been made for her at the Visual Aid Centre in St. Paul's Eye Hospital. Of two boys whose parents have been against their attendance at a special school, one left over age during

the year and was recommended for admission to the Disabled Persons Register. In all, 12 pupils at ordinary schools were noted as partially sighted.

Two children of pre-school age were classed as partially sighted.

A watch was kept on two children with advanced myopia in case their classification should need to be modified.

Deaf Children

One boy remained in attendance at the Royal Residential Schools for the Deaf in Manchester and a girl under school age was admitted to their Wainwright House Nursery School in September but suffered from homesickness and was not returned to school by her parents after the half-term holiday. This child was supplied with a transistor hearing aid in March and in May attended at the Department of Education for the Deaf at Manchester University for 'parent guidance'. The advice of Professor Sir Alexander Ewing of this University was again sought after her return home from school in November and at the end of the year approval was given to his recommendation that she be provided with a "speechmaster" training aid in an effort to help her.

Partially Deaf Children

One boy continued to attend a school for backward deaf boys and is doing well.

Five pupils at ordinary schools had hearing aids and four others, not helped by an aid, were well able to cope with normal education from a favourable seat in the classroom. Two of these children left school in 1962.

Epileptics

21 children attending ordinary schools were known to suffer from epilepsy. Of three of these who left school during 1962, one was recommended for admission to the Disabled Persons Register and the others advised on a choice of suitable employment.

Two children of pre-school age were notified to the School Health Service as suffering from epilepsy.

Mentally Handicapped Children

15 children classified as severely sub-normal were considered unfitted for education in school. Some of these children are handicapped physically as well as mentally. Six children more suitable for training than for education attended ordinary school. Should there be any deterioration in their mental condition, their exclusion from school and transfer to the Training Centre may be necessary.

11 pre-school children have already been noted as unlikely to benefit from ordinary or special education and likely to be more suitable for attendance at a Training Centre. If possible, these children will be given a trial at an ordinary school first.

At the end of 1962, 67 children classified as educationally sub-normal were in special classes at schools on the Island and two boys were resident at schools for E.S.N. children on the Mainland.

Maladjusted Children

21 children were noted as maladjusted. One of these was admitted to Ballamona Hospital on a voluntary basis and at the request of her parents for intensive treatment. Two of the others improved to such an extent that they ceased to be regarded as maladjusted.

Speech Defects

Arrangements which had been made for children with speech difficulties to attend a remedial Speech Clinic at Murray's Road were, unfortunately, temporarily interrupted by the departure of Mrs. Tolfree to England. However, the appointment of Mrs. Kenyon enabled the work to be continued later in the year. It is possible for treatment to be given only in Douglas at present but it is hoped that it will be extended eventually to children living in other parts of the Island.

A fairly large proportion of five-year-old children have defective speech but many of these defects improve or correct spontaneously during the first year at school. Only those children with severe disorders or with types of defect unlikely to improve without treatment are referred to the speech therapist.

The total number of attendances made was 233 at 23 clinics, the number of individual children treated being 28.

Mrs. Kenyon has reported as follows:—

“ Number of children treated:	17
Number of attendances made:	80
Number of clinics held:	7

As a result of visiting the Primary Schools in Douglas, 42 children were found to be in need of speech therapy. A large proportion of these children have articulation defects which have no physical cause but are due more to poor auditory perception; of the 17 children now receiving treatment, one has a cleft palate, three are stammerers, one has expressive aphasia, seven multiple dyslalia, one alalia, and four have lateral sigma-tism. 25 children are on the waiting list for treatment.”

Physically Handicapped Children

46 children were listed as physically handicapped. All were fit to attend ordinary schools: during the year, five of these children left school and two recovered sufficiently to be taken off the physically--handicapped list. As far as is known, all those who left school have entered suitable employment.

Four pre-school children have already been noted as being physically handicapped.

Of three children in attendance at residential schools in England, two were discharged during the year having reached school leaving age. The problem of their further training for employment was under active consideration at the end of the year.

Four children were known to be diabetic but fit for ordinary education.

Isle of Man Education Authority

MEDICAL INSPECTION & TREATMENT

Return for Year ended 31st December, 1962.

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
		(3)	(4)	(5)	(6)
1958 and later	22	22	100.00	—	—
1957	468	468	100.00	—	—
1956	103	103	100.00	—	—
1955	14	14	100.00	—	—
1954	481	480	99.79	1	.21
1953	80	80	100.00	—	—
1952	13	13	100.00	—	—
1951	7	7	100.00	—	—
1950	563	563	100.00	—	—
1949	33	32	96.97	1	3.03
1948	11	11	100.00	—	—
1947	584	584	100.00	—	—
1946 and earlier	13	13	100.00	—	—
TOTAL ...	2,392	2,390	99.92	2	.08

**TABLE B — PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS**

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual Pupils
(1)	(2)	(3)	(4)
1958 and later	2	2	4
1957	8	37	44
1956	—	8	8
1955	—	—	—
1954	44	35	66
1953	6	10	16
1952	1	1	2
1951	1	—	1
1950	58	28	81
1949	2	4	6
1948	3	—	3
1947	79	32	104
1946 and earlier	2	2	3
TOTAL ...	206	159	338

TABLE C — OTHER INSPECTIONS

Number of Special Inspections ...	428
Number of Re-inspections	4,329
Total ...	4,757

TABLE D — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	31,936
(b) Total number of individual pupils found to be infested	107
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 86 (2) Education Act, Isle of Man, 1949)	Nil
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 86 (3) Education Act, Isle of Man, 1949)	Nil

**PART II — DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR ENDED 31st DECEMBER, 1962.**

TABLE A — PERIODIC INSPECTIONS

Defect Code Number (1)	Defect or Disease (2)	Entrants	Leavers	Others	Total
4	Skin T	4	5	17	26
	..... O	10	10	20	40
5	Eyes—				
	(a) Vision T	10	81	115	206
	..... O	16	28	56	100
	(b) Squint T	4	1	19	24
	..... O	12	1	9	22
	(c) Other T	—	1	2	3
	..... O	4	5	11	20
6	Ears—				
	(a) Hearing T	1	1	2	4
	..... O	6	3	10	19
	(b) Otitis Media T	2	—	1	3
	..... O	5	—	9	14
	(c) Other T	1	2	7	10
	..... O	16	12	29	57
7	Nose and Throat T	8	2	11	21
	..... O	90	12	104	206
8	Speech T	4	2	4	10
	..... O	10	7	20	37
9	Lymphatic Glands T	—	—	—	—
	..... O	33	2	24	59
10	Heart T	—	—	2	2
	..... O	40	14	49	103
11	Lungs T	1	—	1	2
	..... O	19	13	55	87
12	Developmental—				
	(a) Hernia T	1	—	—	1
	..... O	4	1	3	8
	(b) Other T	2	1	—	3
	..... O	2	9	10	21
13	Orthopædic—				
	(a) Posture T	—	1	1	2
	..... O	1	4	19	24
	(b) Feet T	8	5	16	29
	..... O	29	21	54	104
	(c) Other T	5	8	8	21
	..... O	14	15	49	78
14	Nervous System—				
	(a) Epilepsy T	—	—	1	1
	..... O	1	3	1	5
	(b) Other T	—	1	1	2
	..... O	5	2	7	14
15	Psychological—				
	(a) Development T	—	—	—	—
	..... O	5	21	46	72
	(b) Stability T	—	—	2	2
	..... O	8	2	23	33
16	Abdomen T	—	—	1	1
	..... O	1	4	19	24
17	Other T	—	3	1	4
	..... O	5	9	37	51

T — Pupils found to require treatment : O — Pupils found to require observation

TABLE B — SPECIAL INSPECTIONS

Defect Code Number	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	11	2
5	Eyes—		
	(a) Vision	25	13
	(b) Squint	2	3
	(c) Other	17	13
6	Ears—		
	(a) Hearing	6	2
	(b) Otitis Media	—	—
	(c) Other	11	1
7	Nose and Throat	29	3
8	Speech	2	3
9	Lymphatic Glands	—	1
10	Heart	—	2
11	Lungs	4	2
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	—
13	Orthopædic—		
	(a) Posture	2	1
	(b) Feet	7	1
	(c) Other	28	10
14	Nervous System—		
	(a) Epilepsy	—	1
	(b) Other	—	2
15	Psychological—		
	(a) Development	—	2
	(b) Stability	—	4
16	Abdomen	1	4
17	Other	66	1

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	405
Errors of refraction (including squint)	618
Total ...	1,023
Number of pupils for whom spectacles were prescribed	318

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	40
(c) for other nose and throat conditions	11
Received other forms of treatment	235
Total ...	287
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	5
(b) in previous years	1

TABLE C — ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	149
(b) Pupils treated at school for postural defects ...	Not known

TABLE D — DISEASES OF THE SKIN
(excluding uncleanliness for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm — (a) Scalp	—
(b) Body	5
Scabies	—
Impetigo	11
Other skin diseases	276
Total ...	292

TABLE E — CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	—

TABLE F — SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists,.....	28

TABLE G — OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	4,300
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	50
(d) Other than (a), (b) and (c) above	—
Total (a) - (d) ...	4,350

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1962

PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—			
(a) At Periodic Inspections	6,696	Total (1)	7,755
(b) As Specials	1,059		
(2) Number found to require treatment			4,575
(3) Number offered treatment			3,921
(4) Number actually treated			3,077
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)			11,759
(6) Half days devoted to :			
(a) Periodic (School) Inspection	61	Total (6)	1,939
(b) Treatment	1,878		
(7) Fillings :			
(a) Permanent Teeth	5,298	Total (7)	5,639
(b) Temporary Teeth	341		
(8) Number of Teeth Filled :			
(a) Permanent Teeth	4,917	Total (8)	5,190
(b) Temporary Teeth	273		
(9) Extractions :			
(a) Permanent Teeth	1,103	Total (9)	4,536
(b) Temporary Teeth	3,433		
(10) Administration of general anæsthetics for extraction			853
(11) Orthodontics :			
(a) Cases commenced during the year			56
(b) Cases brought forward from previous year			62
(c) Cases completed during the year			52
(d) Cases discontinued during the year			10
(e) Pupils treated by means of appliances			77
(f) Removable appliances fitted			68
(g) Fixed appliances fitted			9
(h) Total attendances			1,262
(12) Number of pupils supplied with artificial teeth			44
(13) Other operations :			
(a) Permanent Teeth	9,724	Total (13)	10,829
(b) Temporary Teeth	1,105		

